

Public Health Workgroup

Meeting of March 1, 2006
Maine Hospital Association, Augusta, ME
Meeting Minutes

Present: Paul Kuehnert; Kevin Lewis; Lynne Rothney-Kozlak; Ed Miller; Dennise Whitley; Shawn Yardley; Joanne Joy; Becky Whittemore; Emily Rines; Julie Sullivan; Susan Savell; Becca Matusovich; Alison Webb; Mary Jane Bush; Carol Kelly; Megan Hannan; Leah Binder; Steven Michaud; Dora Ann Mills; David Stockford; Trish Riley. Also present as staff: Ellen Schneider.

- Following brief introductions, Trish made brief opening remarks. She noted that, to date, only two suggestions for potential facilitators for the large group have been offered. The Governor's Office has identified a funding source for engaging a facilitator and would like to have someone on board by the next meeting – which is scheduled for mid-March. Trish urged workgroup members with suggestions to contact her office with names, as soon as possible.

Trish also updated the group on the "Healthy American" initiative announced at the National Governor's Association winter meeting, earlier in the week. This initiative appears to dovetail nicely with the focus of the PHWG; there may be grant opportunities under the "Healthy America" project that would be suitable for this group to consider. Trish also mentioned a new federal CDC initiative aimed at ending funding silos. She briefed federal CDC officials on the work of the PHWG; they expressed an interest in visiting with the group to discuss the CDC's initiative and how they might be of help to the work of this group.

- The group then reviewed the draft minutes of the February 10, 2006 meeting. A motion was made and seconded to accept the draft as presented; the motion carried.
- A draft mission and vision statement for the Public Health Work Group was circulated for review. A suggestion was made and accepted that the term "public health functions" appearing in the draft vision statement be amended to read "public health services." However, the group also agreed to work on developing language that is more accessible to the general public; Leah Binder agreed to lead that effort.

The group agreed to shorten the mission statement as drafted to read simply as: "The mission of the Public Health Work Group is to design the framework for Maine's comprehensive public health system." The mission statement will be augmented by a background statement that reflects the sense of the broader mission statement appearing in the draft. This will include the collaborative approach to the task, as well as designing a system that addresses each of the ten essential public health services and the task of defining core competencies for local community health

coalitions, which will serve as a local presence of public health in Maine's communities.

- The issue of governance guidelines for the PHWG was addressed next. Building on the recommendations provided by the *ad hoc* governance committee at the last meeting, the group explored further how the suggested framework for subcommittee work, the charging of subcommittees by the larger PHWG and consent agenda provisions would work in practice. There was general agreement that the recommendations made by the *ad hoc* group were acceptable. All members – at both the subcommittee level and at the level of the PHWG – agreed on the importance of working on a consensus basis; that is the only way this group will move forward successfully.

In brief, the PHWG will frame up the charge to each subcommittee, directing each to report out recommendations, indicating in that report the pros and cons of each recommendation and detailing the careful analysis engaged in to reach the agreed upon recommendations. It will be very important that the larger group be provided a clear understanding of the varying views of the stakeholders around each issue. The PHWG will also instruct the subcommittees with regard to those stakeholders – at a minimum – who should be included in the discussions at the subcommittee level.

PHWG members will self-assign to individual subcommittees. While only members of the PHWG will be “official” members of subcommittees, other stakeholders will have the opportunity to have their voices heard at the subcommittee level. Since all work is to be consensus based and since the subcommittees will report back both on an interim and final basis, to the PHWG on the pros and cons of policy considered in the subcommittee work sessions, it will not be possible to ignore the voices of other stakeholders, even if they are not formal members of the subcommittee or PHWG.

In exchange for the ability to delineate restrictive direction for each subcommittee, the PHWG agrees to accept the recommendations of those subcommittees, which will come to the larger group as part of a consent agenda. However, if any member of the PHWG finds that he or she has a significant issue with a subcommittee recommendation, the issue can be subject to further discussion at the large group level. Although no conclusions were reached regarding a final decision making process, both majority and supermajority votes were discussed.

Those present agreed, though, that it is important that every member work in good faith and with all best efforts to reach consensus. If a PHWG member is concerned about an issue that a particular subcommittee is addressing, it is the responsibility of that member to volunteer for that subcommittee. Subcommittee members have the responsibility of actively participating in committee work, so as to ensure the agenda keeps moving forward.

Finally, members agreed that those PHWG members representing associations need to come to the table truly representing their constituents, serving as both

liaisons with constituents and opinion leaders who work to garner support from those constituents. Such members cannot be hesitant to inform the larger group when their constituents have serious issues with the policy direction being taken; no member should allow the group work long and hard toward consensus and, in the final hours, pull the process down as a result of disagreement by their constituency.

- The PHWG then turned to the issue of membership, building on the report from the *ad hoc* membership committee presented at the February 10th meeting. A final membership roster was agreed upon:

Mary Mayhew – The Maine Hospital Association
Dora Anne Mills – Department of Health & Human Services (Maine CDC)
Paul Kuehnert – Department of Health & Human Services (Maine CDC)
Becca Matusovich – Department of Health & Human Services (OSA)
Julie Sullivan – City of Portland, Portland Public Health
Ed Miller – American Lung Association - Maine
Shawn Yardley – City of Bangor
Megan Rice – Maine Association of Substance Abuse Providers
Dennise Whitley – American Heart Association of Maine
Mary Jane Bush – Bucksport Bay Healthy Community Coalition
Joanne Joy – Maine Network of Healthy Communities/Healthy Communities of the Capital Area
Emily Rines – Coastal Healthy Communities Coalition – HMP
Bill Primmerman – Somerset Heart Health (HMP)
Representative Lisa Miller – Maine House of Representatives
Senator Richard Rosen – Maine Senate
Megan Hannan – American Cancer Society of Maine
Lisa Letourneau – MMA/MOA Public Health Committee
Trish Riley – Governor's Office of Health Policy & Finance
Leah Binder – Maine Public Health Association
Carol Kelly – Maine Coalition on Smoking or Health
David Stockford – Maine Department of Education
Susan Savell – Maine Children's Cabinet
Kevin Lewis – Maine Primary Care Association
Meredith Tipton – University of New England
Lynn Rothney-Kozlak – Maine Center for Public Health
Alison Webb – Greater Waterville PATCH
Doug Michael – Healthy Acadia Coalition
TBA – Representative of an Healthy Maine Partnership that is not a member of the Network for Healthy Communities
TBA – Representative of County Government (Bob Howe to be invited)
TBA – Representative of the University of Maine System
Andy Coburn - University of Southern Maine
TBA – Representative of Maine Municipal Association – Municipal Health Officers
TBA – Emergency Management Association – County EMA Directors
TBA – Representative of EMS

TBA – Representative of Mental Health profession

This constellation of 35 members brings to the table expertise from each of the ten essential public health services areas. Moreover, this roster reflects community and government leaders whose primary focus is health and public health, who are involved in the public health infrastructure in some significant manner and who have a broad (versus explicitly local) focus of concern.

It was noted that there are certain State agencies, such as the Department of Environmental Protection, that have an interest in the work of this group. It was decided, however, that their participation in this group was not required, as there will be an interagency group of State agencies that will be convened to implement the recommendations of the PHWG, giving those agencies adequate involvement.

The group also decided that proxies would not be allowed except under very special circumstances. Members who are unable to attend a meeting are asked to submit their thoughts on issues of particular interest to them, in writing, ahead of the meeting, so those comments receive adequate attention during the meeting.

Members were given the assignment of thinking about what subcommittees – apart from the Core Competencies Subcommittee – will be needed to carry out the work of the Group.

- Paul and Lynn then shared some materials related to the task of taking an inventory of Maine's public health resources, indicating they would be emailing additional materials. This issue will be discussed further at the next meeting.
- The next meeting of the PHWG will be Friday, March 17, 2006, from 9:00 – 12:00, at a site to be announced. It was agreed that once new members are installed on the PHWG, a new poll regarding preferred meeting dates would be conducted.
- The meeting was adjourned at approximately 12:25 p.m.